To the esteemed members of the Illinois Health Reform Implementation Council and all those in support of Promoting Healthy People relative to implementation of the Affordable Care Act in Illinois.

**PUBLIC STATEMENT BY GENEVIEVE THOMAS, PRESIDENT,**

**AWAKENED ALTERNATIVES ENTERPRISES**

Illinois is known for producing great leaders who have made profound impact to improve the lives of all Americans -- from Presidents Abraham Lincoln to Barak Obama. Unfortunately, Illinois is not recognized as being a leader in the one area that is most important to all Americans -- healthcare. Ranked as 29th of 50 states in avoidance of preventable hospital admissions by the 2010 American Health Rankings, Illinois has received significant negative state and nationwide attention from the media for subpar, deplorable, and at times scandalous conditions of its senior care facilities. It is not a lack of expertise or resources that has yielded Illinois' mediocre healthcare position. It is our collective healthcare community's failure to recognize the critical missing link in the integrated, quality care model which is community based care. . . . care that meets the needs of those in our community where they are most vulnerable -- in the home and community.

Community based, integrated care is integral to providing the optimum level of access, availability and provision of holistic healthcare services that meet the clinical, psychological and basic Maslov Hierarchy of Needs that simultaneously yield high quality outcomes.

There should be a revamping of the Medicaid program, with a reallocation of resources to address the problem where it begins and continues . . .which is in the home and community.

The state of IL has established a system that is in the home and community addressing the healthcare and psycho-social needs of its residents. That current system is home healthcare. Much of the work done in home healthcare is focused on treatment of the acute medical concern, however, an initial assessment is completed on all patients that addresses the psyco-social needs of each client as well. Unfortunately, psycho-social assessment is where the work begins and ends in most cases. Skilled nursing and therapies are asked to go in and treat the immediate problem with very little, or no, attention paid to those factors that may contribute to the patient's ability to get and stay well. In addition, attention is not given to factors that may lead to the next acute episode landing the person back in the emergency room or hospital.

This fragmented healthcare practice contributes to the lack of quality and efficiency in our healthcare system. We are providing "sick care" not health care to the public aid population in Illinois. Continuing our system as it is today will continue to result in the skyrocketing cost of healthcare through inappropriate emergency room visits, avoidable hospitalizations, lack of compliance with prescribed treatment regimes, and less than ideal health outcomes.

In order to begin the process of creating a healthcare system that provides quality care while realizing long term cost effectiveness, I would recommend the following:

- Expand the responsibility of home health by redefining "health teams" that are comprehensive and holistic in their approach to managing care for segments of the public aid population in the home and community.

- Provide capitated payments to these new, expanded "community healthcare management" entities. This would alleviate the existing problem of home health agencies refusing cases because the per diem rate does not adequately reimburse for skilled services.

- Establish outcome measures and an oversight body to provide governance(this can be a division of the Illinois Department of Public Health) to ensure compliance with newly established standards and expected outcomes.

As a woman with parents in their 80's who are now in an assisted living facility, and a 30 year healthcare professional and founder/owner of a home healthcare company that has evolved to provide community healthcare management, I realize the need from a personal and professional perspective, for a system that leverages existing community resources to instill self-management.

For example, aforementioned community based model will help drive down cost, promote consistent delivery and improve quality outcomes to the aged, blind and disabled populations in suburban Cook and the select collar counties under the Integrated Care Program funded by Medicaid. As the model's quality success grows, there is opportunity to further drive it state-wide through Medicaid, expanding its' application to all Illinois residents. There are myriad other Healthcare and Family Services' programs that would benefit from the application of a community healthcare management model of the nature that I've described which could be applied in multiple healthcare systems including county hospitals, FQHCs, HMOs, long-term care and assisted living facilities.

A dynamic and responsive model of community healthcare will help to propel Illinois to reclaim its healthcare leadership position by providing coordinated, integrated care though the elimination of redundant and unnecessary use of the state's resources and massively promote healthy people through the Medicaid system.

I am hopeful that the State of Illinois will develop a pilot of these recommendations to begin no later than April 1, 2011. Payment for the services would be provided through existing funds designated for home health."

I would be happy to work with the committee in any way possible to establish standards and develop this program for the pilot and the long range roll out.

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